

CLINICAL LECTURES.

ON SCROFULOUS NECK. By CLIFFORD ALLBUTT, M.A., M.D. Cantab., F.R.S., F.R.C.P.

ON THE SURGERY OF SCROFULOUS GLANDS. By T. PRIDGIN TEALE, M.A., M.B. Oxon., F.R.C.S. 8vo. pp. 32. London: J. and A. Churchill, 1885.

THERE are many ailments to which the human frame is liable which trench upon the departments both of medicine and surgery; and while it must never be forgotten that the careful surgeon will pay attention to the medical aspects of the cases under his care, there is much advantage in having the same subject treated from a medical and surgical point of view by men as eminent in their respective branches as these two well-known lecturers of Leeds.

Scrofula is one of those diseases which, often starting under the care of a physician, is, when developed, turned over to the surgeon as an external affection, although it has until lately received little but expectant treatment at his hands. But to Dr. Allbutt, a few years since, there presented itself the idea that the disintegrating scrofulous gland was an evil *per se*, exerting an evil influence upon its owner, and that when possible it should be removed. This radical measure, for it is far more than a mere evacuation of pent-up matter, has been, perhaps, thought of, and in some cases acted upon, by others, but was brought prominently into notice at the London International Congress by the recorded experience of the authors of these lectures. Indeed, these lectures, and especially the one by Mr. Teale, are but little more than an enlargement and reiteration of the views then expressed.

In the first one Dr. Allbutt, with many rhetorical flowers, makes clear his opinions upon the etiology and pathology of scrofulous neck. While not denying the existence of an inherited vulnerability of tissue, he is disposed to look upon scrofula as often a "deflection" from the normal, induced by external causes, under the influence of which an inferior healing power is manifested. The external causes are poor hygienic surroundings, under which the initial lesion is instituted and its continuance maintained. Chief among the primary affections thus induced, is what Dr. Allbutt speaks of as drain throat, being a pharyngitis produced by exposure to sewer gas, to which he thinks the rich are quite as much exposed as the poor, and which, in his judgment, accounts for the many scrofulous necks among those whose surroundings are otherwise excellent. Be this as it may, there can be no question that enlargement, and ultimately caseation of the cervical glands, is a frequent sequence to suppuration of the throat, and the indication is very clear to treat promptly and efficiently all such cases, and especially if the patient is one whose reparative powers are below the normal.

Dr. Allbutt calls particular attention to the importance of searching diligently for a peripheral irritation whenever glandular enlargement is noticed, pointing out that glands do not enlarge of themselves. We believe that if more close scrutiny were bestowed upon these cases, and were the well-known fact to which our author refers more constantly borne in mind, there would be many more cases in which, by the removal of the irritating cause, the early enlargement of the glands would

diminish and disappear; whereas if allowed to go on to caseation, unless the radical measure recommended in these lectures is resorted to, there remains nothing but long-continued suppuration, often leading to great, if not fatal, impairment of health. The evils of enlarged glands allowed to pursue their natural course undisturbed are threefold: A tedious malady attended by disfigurement; such an impairment of the general health as injures the patient's usefulness and enjoyment, and in many cases the inoculation of the system with the elements necessary for the development of phthisis.

For the avoidance of these evils Dr. Allbutt and Mr. Teale, with an increasing number of other practitioners, advise an early removal of the diseased glands; and their experience with the proceeding has been most favorable, resulting in comparatively speedy recovery from the operation, and great improvement of the patient's health.

Succinctly, and with most easily understood conciseness, Mr. Teale narrates his experience with the operation, and gives admirably suggestive hints for its proper performance. Mr. Teale illustrates his opinions by the same series of cases, watched to a conclusion in private practice, which he presented to the International Congress of 1881, merely adding that further experience has abundantly confirmed the views then expressed. Those views are, that wherever septic material exists in the system it should be removed; that in a majority of cases of enlarged cervical glands there is no evidence of constitutional taint, and that, therefore, surgical interference is demanded (a) whenever a sinus resulting from a degenerate lymphatic gland exists; (b) when pus is found connected with an enlarged lymphatic gland, or (c) when accessible glands exist in a patient in whom a caseous or suppurating gland has been found. When glands, which have not suppurated or undergone caseous degeneration, are an eyesore, or accompanied by ill-health, the question of their removal is an open one; but Mr. Teale inclines to think that in many cases "cautery-puncture," recommended by Treves, is the proper treatment, although he has had no personal experience with the measure.

Mr. Teale formulates several conclusions as to the surgical treatment of these cases. He thinks that surgery can secure the prompt healing of gland cavities and sinuses connected with them if the treatment is vigorous and thorough. His experience has taught him, as it has others, that the visible abscess is very often a mere collection of pus dependent upon a degenerate subfascial gland, which it is futile to incise unless the underlying gland is gotten rid of. Mr. Teale insists that when extirpation is resorted to, before the skin has become thinned, the wound heals well and with an insignificant scar, but that it is apt to be depressed if the operation has been long deferred, and resorted to only when there has been an open sinus discharging for months or years. When a sinus exists it should be dilated by a "Bigelow's dilator," its surface scraped, and any overhanging thin skin removed by scissors; but the surgeon should not rest until he has searched for and found the cause of the mischief—the degenerate gland, which will be often found underneath the floor of the abscess, connecting with it by a small aperture. This opening, often only large enough to admit a director, should be sought for, dilated sufficiently, and the gland scraped away with the spoon. When a gland has not suppurated, and is movable, it can be very easily enucleated, but when it has become caseous the difficulty of its removal is much

increased. In these cases the capsule should be incised and its contents removed by the spoon, the tough living stump of the gland adhering closely to the capsule, and often requiring the very vigorous use of the scraper, when it cannot be dissected away without risk to the adjoining tissues. Sometimes after the capsule is emptied a contiguous gland can be felt impinging upon the cavity. This should be reached by pricking through the wall of the cavity, and removed in the same manner. Having removed the gland or glands, Mr. Teale cleanses the cavity with a carbolized solution and charges it with iodoform. A drainage tube, reaching to the inmost recess, is fastened in, and the wound accurately closed with some absorbent antiseptic substance. When the gland and its capsule have been dissected out, the tube is removed at the end of a week and not replaced, but in other cases, the lecturer thinks, it is best to maintain drainage by a gilt wire kept in position until all but its own track is healed, which will ordinarily be in from three to ten weeks. In this matter of the drainage tube Dr. Allbutt and Mr. Teale are not agreed, the former cautioning against its continued use, as leading to the formation of a denser scar. Mr. Teale prefers Lister's scrapers as very superior to Volkmann's, the cup having a large oval, almost circular shape, and the double curve of the handles allowing the scoop to be swept round a cavity with better effect. Mr. Teale speaks highly of Dr. Bigelow's dilator, constructed on the principle of a glove-stretcher, as a very valuable instrument to enlarge sinuses in regions where the knife cannot be used safely. The remainder of the lecture is occupied with details of cases.

As we have said, the proceeding advocated in these lectures has attracted considerable notice and been adopted by many surgeons. Our personal experience with this mode of treatment has been too limited to enable us to speak with confidence of its merits, but it has been sufficiently satisfactory to lead us to give it a further trial in these cases, which have always been an opprobrium to both medicine and surgery. The proceeding is rational, in careful hands devoid of much risk, and, as recommended by such good authorities as the authors of these lectures, is worthy of an extended experimental test.

S. A.

A SYSTEM OF PRACTICAL MEDICINE BY AMERICAN AUTHORS. Edited by WILLIAM PEPPER, M.D., LL.D., assisted by LOUIS STARR, M.D. Vol II., GENERAL DISEASES (CONTINUED) AND DISEASES OF THE DIGESTIVE SYSTEM. 8vo. pp. 1312. Vol. III., DISEASES OF THE RESPIRATORY, CIRCULATORY, AND HÆMATOPOIETIC SYSTEMS. 8vo. pp. 1032. Philadelphia: Lea Brothers & Co., 1885.

THE volumes of this great work succeed each other with a rapidity which does credit alike to publishers and editor. The second volume opens with the articles on "Rheumatism and Rheumatic Arthritis," by Dr. R. Palmer Howard, of McGill University, Montreal. The pathology of acute articular rheumatism is still in a most unsatisfactory condition, and as no one of the many theories fully meets the